

HOME COPY

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving office use only	
PC 1503/24660	
International Application No.	05 AUG 2003 (05.08.03)
International Filing Date	
PCT INTERNATIONAL APPLICATION RO/US	
Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference (if desired) (12 characters maximum)	59563-PCT

**Box No. I TITLE OF INVENTION**  
PEPTIDES FOR TARGETING THE PROSTATE SPECIFIC MEMBRANE ANTIGEN

**Box No. II APPLICANT**

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

The Johns Hopkins University  
3400 N. Charles Street  
Baltimore, Maryland 21218  
USA

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Ronald Rodriguez  
3302 Sang Road  
Glenwood, MD 21738  
USA

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Jennifer K. Rosenfield  
EDWARDS & ANGELL, LLP  
P.O. Box 9169  
Boston, Massachusetts 02209  
USA

Telephone No.

617-439-4444

Facsimile No.

617-439-4170

Teleprinter No.

Agent's registration No. with the Office  
53,531

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Shawn Edward Lupold  
3825 Jay Avenue  
Alexandria, VA 22302  
US

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No.V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

## Regional Patent

- ☒ **AP** **ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☒ **EA** **Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of
- ☒ **EP** **European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** **OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

## National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> <b>AE</b> United Arab Emirates                   | <input checked="" type="checkbox"/> <b>HR</b> Croatia                                   | <input checked="" type="checkbox"/> <b>OM</b> Oman                             |
| <input checked="" type="checkbox"/> <b>AG</b> Antigua and Barbuda                    | <input checked="" type="checkbox"/> <b>HU</b> Hungary                                   | <input checked="" type="checkbox"/> <b>PG</b> Papua New Guinea                 |
| <input checked="" type="checkbox"/> <b>AL</b> Albania                                | <input checked="" type="checkbox"/> <b>ID</b> Indonesia                                 | <input checked="" type="checkbox"/> <b>PH</b> Philippines                      |
| <input checked="" type="checkbox"/> <b>AM</b> Armenia                                | <input checked="" type="checkbox"/> <b>IL</b> Israel                                    | <input checked="" type="checkbox"/> <b>PL</b> Poland                           |
| <input checked="" type="checkbox"/> <b>AT</b> Austria                                | <input checked="" type="checkbox"/> <b>IN</b> India                                     | <input checked="" type="checkbox"/> <b>PT</b> Portugal                         |
| <input checked="" type="checkbox"/> <b>AU</b> Australia                              | <input checked="" type="checkbox"/> <b>IS</b> Iceland                                   | <input checked="" type="checkbox"/> <b>RO</b> Romania                          |
| <input checked="" type="checkbox"/> <b>AZ</b> Azerbaijan                             | <input checked="" type="checkbox"/> <b>JP</b> Japan                                     | <input checked="" type="checkbox"/> <b>RU</b> Russian Federation               |
| <input checked="" type="checkbox"/> <b>BA</b> Bosnia and Herzegovina                 | <input checked="" type="checkbox"/> <b>KE</b> Kenya                                     |  |
| <input checked="" type="checkbox"/> <b>BB</b> Barbados                               | <input checked="" type="checkbox"/> <b>KG</b> Kyrgyzstan                                | <input checked="" type="checkbox"/> <b>SC</b> Seychelles                       |
| <input checked="" type="checkbox"/> <b>BG</b> Bulgaria                               | <input checked="" type="checkbox"/> <b>KP</b> Democratic People's Republic of Korea     | <input checked="" type="checkbox"/> <b>SD</b> Sudan                            |
| <input checked="" type="checkbox"/> <b>BR</b> Brazil                                 | <input checked="" type="checkbox"/> <b>KR</b> Republic of Korea                         | <input checked="" type="checkbox"/> <b>SE</b> Sweden                           |
| <input checked="" type="checkbox"/> <b>BY</b> Belarus                                | <input checked="" type="checkbox"/> <b>KZ</b> Kazakhstan                                | <input checked="" type="checkbox"/> <b>SG</b> Singapore                        |
| <input checked="" type="checkbox"/> <b>BZ</b> Belize                                 | <input checked="" type="checkbox"/> <b>LC</b> Saint Lucia                               | <input checked="" type="checkbox"/> <b>SK</b> Slovakia                         |
| <input checked="" type="checkbox"/> <b>CA</b> Canada                                 | <input checked="" type="checkbox"/> <b>LK</b> Sri Lanka                                 | <input checked="" type="checkbox"/> <b>SL</b> Sierra Leone                     |
| <input checked="" type="checkbox"/> <b>CH &amp; LI</b> Switzerland and Liechtenstein | <input checked="" type="checkbox"/> <b>LR</b> Liberia                                   | <input checked="" type="checkbox"/> <b>SY</b> Syrian Arab Republic             |
| <input checked="" type="checkbox"/> <b>CN</b> China                                  | <input checked="" type="checkbox"/> <b>LS</b> Lesotho                                   | <input checked="" type="checkbox"/> <b>TJ</b> Tajikistan                       |
| <input checked="" type="checkbox"/> <b>CO</b> Colombia                               | <input checked="" type="checkbox"/> <b>LT</b> Lithuania                                 | <input checked="" type="checkbox"/> <b>TM</b> Turkmenistan                     |
| <input checked="" type="checkbox"/> <b>CR</b> Costa Rica                             | <input checked="" type="checkbox"/> <b>LU</b> Luxembourg                                | <input checked="" type="checkbox"/> <b>TN</b> Tunisia                          |
| <input checked="" type="checkbox"/> <b>CU</b> Cuba                                   | <input checked="" type="checkbox"/> <b>LV</b> Latvia                                    | <input checked="" type="checkbox"/> <b>TR</b> Turkey                           |
| <input checked="" type="checkbox"/> <b>CZ</b> Czech Republic                         | <input checked="" type="checkbox"/> <b>MA</b> Morocco                                   | <input checked="" type="checkbox"/> <b>TT</b> Trinidad and Tobago              |
| <input checked="" type="checkbox"/> <b>DE</b> Germany                                | <input checked="" type="checkbox"/> <b>MD</b> Republic of Moldova                       |  |
| <input checked="" type="checkbox"/> <b>DK</b> Denmark                                | <input checked="" type="checkbox"/> <b>MG</b> Madagascar                                | <input checked="" type="checkbox"/> <b>TZ</b> United Republic of Tanzania      |
| <input checked="" type="checkbox"/> <b>DM</b> Dominica                               | <input checked="" type="checkbox"/> <b>MK</b> The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> <b>UA</b> Ukraine                          |
| <input checked="" type="checkbox"/> <b>DZ</b> Algeria                                | <input checked="" type="checkbox"/> <b>MN</b> Mongolia                                  | <input checked="" type="checkbox"/> <b>UG</b> Uganda                           |
| <input checked="" type="checkbox"/> <b>EC</b> Ecuador                                | <input checked="" type="checkbox"/> <b>MW</b> Malawi                                    | <input checked="" type="checkbox"/> <b>US</b> United States of America         |
| <input checked="" type="checkbox"/> <b>EE</b> Estonia                                | <input checked="" type="checkbox"/> <b>MX</b> Mexico                                    |  |
| <input checked="" type="checkbox"/> <b>ES</b> Spain                                  | <input checked="" type="checkbox"/> <b>MZ</b> Mozambique                                | <input checked="" type="checkbox"/> <b>UZ</b> Uzbekistan                       |
| <input checked="" type="checkbox"/> <b>FI</b> Finland                                | <input checked="" type="checkbox"/> <b>NI</b> Nicaragua                                 | <input checked="" type="checkbox"/> <b>VC</b> Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> <b>GB</b> United Kingdom                         | <input checked="" type="checkbox"/> <b>NO</b> Norway                                    | <input checked="" type="checkbox"/> <b>VN</b> Viet Nam                         |
| <input checked="" type="checkbox"/> <b>GD</b> Grenada                                | <input checked="" type="checkbox"/> <b>NZ</b> New Zealand                               | <input checked="" type="checkbox"/> <b>YU</b> Serbia and Montenegro            |
| <input checked="" type="checkbox"/> <b>GE</b> Georgia                                |   | <input checked="" type="checkbox"/> <b>ZA</b> South Africa                     |
| <input checked="" type="checkbox"/> <b>GH</b> Ghana                                  |   | <input checked="" type="checkbox"/> <b>ZM</b> Zambia                           |
| <input checked="" type="checkbox"/> <b>GM</b> Gambia                                 |   | <input checked="" type="checkbox"/> <b>ZW</b> Zimbabwe                         |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

☒ ..... ☐ ..... ☐ .....

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

## Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. If, in any of the Boxes, except Boxes Nos VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:

- (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below:

- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;

- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;

- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;

- (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;

- (vi) if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.

2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

## Continuation of Box IV:

CONLIN, David G.  
 NEUNER, George W.  
 BUCKLEY, Linda M.  
 CORLESS, Peter F.  
 MANUS, Peter J.  
 DALEY, Jr., William J.  
 BUCHANAN, Robert L.  
 O'DAY, Christine C.  
 HAZZARD, sa Swiszc  
 TUCKER, David A.  
 HARTNELL, III, George W.  
 ALEXANDER, John B.  
 JENSEN, Steven M.  
 PIFFAT, Kathryn A.  
 ROOS, Richard J.  
 PENNY, Jr., John J.  
 REES, Dianne M.  
 KONIECZNY, J. Mark  
 BUTLER, Gregory B.

The above attorneys are all members of the  
 Intellectual Property Practice Group of  
 EDWARDS & ANGELL, LLP  
 P.O. Box 6169  
 Boston, MA 02209  
 USA

## Continuation of Box V

This application claims priority to U.S.S.N.  
 60/401,151, filed 05 August 2002 and to  
 U.S.S.N. 60/435,140, filed 20 December 2002

**Box No. VI PRIORITY CLAIM**

PCT/RO/101 (third sheet) (July 2002; reprint July 2003)

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 05 August 2002 (05.08.02)	60/401,151	US		
item (2) 20 December 2002 (20.12.02)	60/435,140	US		
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items   
 ☒ item (1)   
 ☒ item (2)   
 ☐ item (3)   
 ☐ item (4)   
 ☐ item (5)   
 ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA/ US .....

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i)   | Declaration as to the identity of the inventor   | : |
| <input type="checkbox"/> Box No. VIII (ii)  | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv)  | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : |
| <input type="checkbox"/> Box No. VIII (v)   | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:

(a) in paper form, the following number of sheets:

request (including declaration sheets) : 6  
 description (excluding sequence listings and/or tables related thereto) : 37  
 claims : 3  
 abstract : 1  
 drawings : 11

Sub-total number of sheets : 58

sequence listings

tables related thereto

(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)

Total number of sheets : 58

(b) ☐ only in computer readable form (Section 801(a)(i))(i) ☐ sequence listings(ii) ☐ tables related thereto(c) ☐ also in computer readable form (Section 801(a)(ii))(i) ☐ sequence listings(ii) ☐ tables related thereto

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the

☐ sequence listings:☐ tables related thereto:

(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

Number of items

1. ☒ fee calculation sheet : 1
2. ☐ original separate power of attorney : 1
3. ☐ original general power of attorney : 1
4. ☒ copy of general power of attorney; reference number, if any: : 1
5. ☐ statement explaining lack of signature
6. ☐ priority document(s) identified in Box No. VI as item(s):
7. ☐ translation of international application into (language):
8. ☐ separate indications concerning deposited microorganism or other biological material
9. ☐ sequence listings in computer readable form (indicate type and number of carriers)
  - (i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)
  - (ii) ☐ (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter
  - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column
10. ☐ tables in computer readable form related to sequence listings (indicate type and number of carriers)
  - (i) ☐ copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)
  - (ii) ☐ (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)
  - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column
11. ☐ other (specify):

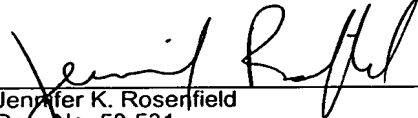
Figure of the drawings which should accompany the abstract:

Language of filing of the international application:

English

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

  
 Jennifer K. Rosenfield  
 Reg. No. 53,531  
 Agent for Applicants

Date: 05 August 2003

For receiving Office use only		2. Drawings: <input type="checkbox"/> received:  <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application:	DT20 Rec'd PCT/PTO 05 AUG 2003	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority	ISA/ US	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

## PCT

## FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

PCT/US 03/24660

International Application No.

05 AUG 2003 (05108.03)

Date stamp of the receiving Office

Applicant's or agent's  
file reference

59563-PCT

Applicant

The Johns Hopkins University

## CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

240.00 T

240

2. SEARCH FEE

700.00 S

700

International search to be carried out by US

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

## Basic Fee

Where item (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets

58

Where item (b) and (c) of Box No. IX do not apply, enter Total number of sheets

b1 first 30 sheets 476.00 b1

476

b2 28 x 12.00 = 336.00 b2  
number of sheets in excess of 30 fee per sheet

336

b3 additional component (only if sequence listings and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x = b3  
fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B 812.00 B

812

## Designation Fees

The international application contains 93 designations.

5 x 104.00 = 520.00 D

520

number of designation fees payable (maximum 5) amount of designation fee

Add amounts entered at B and D and enter total at I 1,332.00 I

1332

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) 40.00 P

40

5. TOTAL FEES PAYABLE

2,312.00

2312

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

## MODE OF PAYMENT

☐ authorization to charge  
deposit account (see below)☐ postal money order☐ cash☐ coupons☒ cheque☐ bank draft☐ revenue stamps☐ other (specify):

## AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

Receiving Office: RO/ US

☐ Authorization to charge the total fees indicated above.

Deposit Account No.: 04-1105

☒ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

Date: 05 August 2003

Name: Jennifer K. Rosenfield

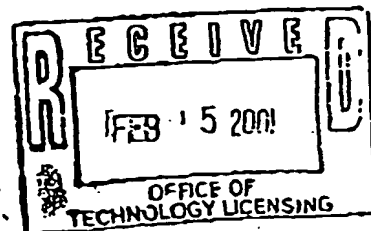
☒ Authorization to charge the fee for priority document.

Signature:



# JOHNS HOPKINS M E D I C I N E

Edward D. Miller, M.D.  
The Frances Warr Baker, M.D. and Lenox O. Baker, Jr., M.D.  
Dean of the Medical Faculty  
Chief Executive Officer



## MEMORANDUM

**TO:** Department Chairmen, Principal Investigators and Department Administrators

**FROM:** Edward D. Miller, M.D.  
Dean of the Medical Faculty  
CEO, Johns Hopkins Medicine

**DATE:** February 9, 2001

**RE:** Institutional Official Signing Authority for Grants, Contracts and Other Research Related Documents (*Effective 02/09/01*)

Listed below are the primary institutional officials who are authorized to sign sponsored research and technology transfer documents on behalf of The Johns Hopkins University School of Medicine:

<u>Chi V. Dang, M.D., Ph.D.</u> Vice Dean for Research	<u>Michael B. Amey</u> Assistant Dean for Research Administration	<u>R. Keith Baker, Ph.D.</u> Acting Director, Office of Technology Licensing	<u>William Tew Ph.D.</u> Executive Director of Licensing & Business Development
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<u>Julie Gottlieb</u> Special Assistant for Research Affairs	<u>Barbara L. Starklauf</u> Assistant Dean and Administrator, Human Subjects Committees	<u>Sponsored Research Administrators (SRA)<sup>1</sup></u> Stewart P. Craig, Sponsored Research Administrator Joanne Frantz, Sponsored Research Administrator Michelle P. Linehan, Sponsored Research Administrator Dennis Paffrath, Sponsored Research Administrator Linda B. Queen, Asst. Director, Research Administration
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Please prepare the appropriate signature block on documents that need to be signed. If another institutional officer must sign due to unavailability of the primary official, the signature provided will be "for" the individual listed.

TYPE OF DOCUMENT	FORWARD TO:	SIGNATURE BY:
Competing Grant Applications to Govt./Non-Profit Sponsors	ORA	Sponsored Research Administrator
Non-competing Grant Applications to Govt./Non-Profit Sponsors	ORA	Sponsored Research Administrator/or Department Administrator where authorized

<sup>1</sup> See department delegation Sponsored Projects Handbook, Appendix A, ([http://info.net.jhu.edu/admin/spons\\_project/handbook/](http://info.net.jhu.edu/admin/spons_project/handbook/)).



TYPE OF DOCUMENT	FORWARD TO:	SIGNATURE BY:
Non-Disclosure Agreements related to Sponsored Research	ORA	M. Amey
Contracts <sup>2</sup> (proposals and awards, all sponsors)	ORA	M. Amey
Contracts that include a license	ORA/OTL	C. Dang or W. Tew
Master Agreements	ORA	C. Dang
Prior Approval Requests and Administrative Updates for all grants (e.g., revised other support pages and letters requesting administrative action)	ORA	Sponsored Research Administrator
Indemnification Agreements	ORA	M. Amey
Awarded Contract Admin. Actions (not increased workscope or \$)	ORA	Sponsored Research Administrator
Final Invention Statements	ORA	Sponsored Research Administrator
Relinquishment Statements	ORA	Sponsored Research Administrator
Certificate of Animal Care and Use Approval	ORA	Sponsored Research Administrator
Certification of Human Subjects Research Approval Status	JCCI	B. Starklauf, or Sponsored Research Administrator
Consulting Agreements	CCOI	J. Gottlieb (when JHU signature required)
License and Option Agreements	OTL	W. Tew
Material Transfer Agreements	OTL	K. Baker or W. Tew
Non-Disclosure Agreements related to Licensing and Consulting	OTL	K. Baker or W. Tew
Patent Related Documents (Power of Attorney)	OTL	K. Baker
Confirmatory License to the Government	OTL	K. Baker
Stock Related Agreements (Stock Escrow, Stock Purchase etc.)	OTL	W. Tew

ORA Office of Research Administration  
 JCCI Joint Committee on Conflict of Interest  
 CCOI Committee on Conflict of Interest  
 OTL Office of Technology Licensing

SOM Admin. Bldg., Room 129  
 Turner 36  
 111 Market Place, Suite 1030  
 111 Market Place, Suite 906

5-3061  
 5-3008  
 410-223-1608  
 410-347-3222

<sup>2</sup>Note: All proposals to commercial sponsors are considered contracts.

# PCT

## GENERAL POWER OF ATTORNEY -

(for several international applications filed under the Patent Cooperation Treaty)

(PCT Rule 90.5)

The undersigned person(s):

(Family name followed by given name; for a full legal entity, full official designation. The address must include postal code and name of country.)

The Johns Hopkins University School of Medicine  
2024 East Monument Street  
Suite 2-100  
Baltimore, Maryland 21205  
United States of America

hereby appoint(s) the following person as:



agent



common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Dike, Bronstein, Roberts & Cushman, Intellectual Property Practice Group  
EDWARDS & ANGELL, LLP  
P.O. Box 9169, Boston, Massachusetts 02209, U.S.A.

David G. Conlin (Reg. No. 27,026) Cara Z. Lowen (Reg. No. 38,227) David A. Tucker (Reg. No. 27,840)  
George W. Neuner (Reg. No. 26,964) William J. Daley, Jr. (Reg. No. 35,487) George W. Hartnell, III (Reg. No. 42,639)  
Linda M. Buckley (Reg. No. 31,003) Robert L. Buchanan (Reg. No. 40,927) Peter F. Corless (Reg. No. 33,860)  
Christine C. O'Day (Reg. No. 38,256) Steven M. Jensen (Reg. No. 42,693) Stuart L. Gitter (Reg. No. 31,256)  
Peter J. Manus (Reg. No. 26,766) Lisa Hazzard Swiszc (Reg. No. 44,368) Kathryn A. Piffat (Reg. No. 34,901)

to represent the undersigned before



all the competent International Authorities



the International Searching Authority only



the International Preliminary Examining Authority only

in connection with any and all international applications filed by the undersigned with the following Office

United States Receiving Office

as receiving Office

and to make or receive payments on behalf of the undersigned.

Signature(s) (where there are several persons, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading this power):

for THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE:



Name: R. Keith Baker, Ph.D.  
Acting Director,  
Title: Office of Technology Licensing

Date: May 08, 2001